

HISTORY FACILITY PROFILE

MOUNTAIN VIEW HOSPITAL CCC PROVIDER #: 465136 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 1000 EAST 100 NORTH PHONE NUMBER: (801) 465-7222 TOTAL: 16
 PAYSON UT 84651 PARTICIPATION DATE: 12/10/1993 CERTIFIED: 16 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 07/23/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 16			
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TOTAL:	14	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	13	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	0			16			
OTHER:	1						

CURRENT SURVEY REVISIT DATES - 10/03/2002

PRIOR 3 SURVEY 01/2000	S/S CODE	PRIOR 2 SURVEY 02/2001	S/S CODE	PRIOR 1 SURVEY 10/2001	S/S CODE	CURRENT SURVEY 07/23/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X		D		X C	D	09/21/2002	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
						X C	D	09/21/2002	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
									REQ F0495-COMPETENCY OF NURSE AIDES WHO WORKED LESS THAN 4

EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY 01/2000	85 NEW PRIOR 2 SURVEY 02/2001	85 NEW PRIOR 1 SURVEY 10/2001	85 NEW CURRENT SURVEY 08/06/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
			X C	08/12/2002	K0021-DOORS IN FIRE AND SMOKE PARTITIONS
X	X				K0025-SMOKE PARTITION CONSTRUCTION
X		X			K0056-AUTOMATIC SPRINKLER SYSTEM
	X		X C	08/12/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
					K0130-OTHER

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	2	0	1	0
HEALTH TOTAL	2	0	1	0
LIFE SAFETY CODE	2	1	3	2
LIFE SAFETY CODE + HEALTH	4	1	4	2

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT